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APPLICANTS

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** CONTINUING DATA *****
none

** FOREIGN APPLICATIONS *****
none

IF REQUIRED, FOREIGN FILING LICENSE
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after conditions met Allowance Verified and Acknowledged Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 6
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TITLE